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# City and County of the City of Gloucester.



## ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE

CITY AND PORT OF GLOUCESTER

AND

PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR 1953

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ORDERED TO BE PRINTED.

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## HEALTH COMMITTEE (1952/53)

### Chairman :

ALDERMAN S. A. STODDART

### Deputy Chairman :

COUNCILLOR M. G. LEWIS

### Members :

THE MAYOR (*ex-officio*)

ALDERMAN	MRS. F. WENTWORTH
COUNCILLOR	J. R. TYTE
„	R. E. H. MOULDER
„	T. THOMAS
„	MRS. L. R. LANDGON
„	E. G. OVERBURY
„	W. F. ERRINGTON
„	D. C. FRAPE
„	MRS. M. ASKEW
„	J. F. CURTIS
„	A. V. STIRLAND
„	MRS. F. E. FITCH
„	W. MAY

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### Deputy Chairman :

COUNCILLOR M. G. LEWIS

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ALDERMAN	MRS. F. WENTWORTH
COUNCILLOR	R. E. H. MOULDER
„	F. HARRIS
„	W. F. ERRINGTON
„	D. C. FRAPE
„	F. PHELPS
„	MRS. M. ASKEW
„	J. F. CURTIS
„	A. V. STIRLAND
„	MRS. F. E. FITCH
„	W. MAY
„	A. BURROWES
„	J. C. DILLON

## NATIONAL HEALTH SERVICE SUB-COMMITTEE

The whole of the Members of the Health Committee with the addition of the following co-opted members :—

MRS. M. M. PALMER  
DR. W. W. MCGRATH  
MISS V. M. DOVER, S.R.N.  
DR. D. S. MORRIS  
MR. W. H. GINGELL  
MRS. E. M. JONES  
MRS. E. EGGLETON  
MRS. E. PHELPS  
MR. L. H. G. CUMMINGS, L.D.S.  
MRS. K. HEAL, S.R.N.  
MISS J. BOWMAN, S.R.N.  
MRS. D. M. SALMON

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MRS. E. EGGLETON  
DR. D. S. MORRIS  
MRS. E. PHELPS  
MRS. D. M. SALMON  
MRS. H. F. ETHERIDGE  
MRS. E. M. WHITE  
MR. F. CRONE, L.D.S.

## AFTER CARE SUB-COMMITTEE (including Mental Health)

ALDERMAN S. A. STODDART  
„ MRS. F. WENTWORTH  
COUNCILLOR M. G. LEWIS  
„ R. E. H. MOULDER  
„ MRS. L. R. LANGDON  
„ E. G. OVERBURY  
„ J. F. CURTIS  
DR. F. C. LOGAN  
MRS. E. EGGLETON

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„ F. HARRIS  
„ J. F. CURTIS  
„ MRS. F. E. FITCH  
DR. F. C. LOGAN  
MRS. E. EGGLETON

## HEALTH OFFICERS OF THE AUTHORITY

### Medical

#### Whole-time

**CHARLES COOKSON, M.D., D.P.H.**, Medical Officer of Health, City and Port of Gloucester; Principal School Medical Officer ; Medical Officer of the Isolation Hospital ; Certifying Officer under the Mental Deficiency and Education Acts.

**FLORENCE COLQUHOUN, M.B., D.P.H.**, Deputy Medical Officer of Health ; Deputy School Medical Officer ; Inspector of Midwives ; Certifying Officer under the Mental Deficiency and Education Acts.

#### Part-time

**F. J. D. KNIGHTS, M.D., M.R.C.P.**, Chest Physician (by arrangement with the Regional Hospital Board).

**HILDA MAY, M.D., M.R.C.S., L.R.C.P.**, Medical Officer, Birth Control Clinic.

**E. J. GAFFNEY, L.D.S., M.R.C.S., L.R.C.P.**, Medical Officer, Immunisation and Vaccination Clinic.

### Medical Officers of Infant Welfare Centres

**DRS. H. CAIRNS TERRY, J. GREENE (Senr. and Junr.), R. B. BARNES, W. W. McGRATH, G. C. WHARTON, D. C. BRADFORD, W. MURRAY and N. LEWIS.**

### Others

**LAUNCELOT MACHIN, L.D.S., R.C.S. (Eng.)**, Principal School Dental Officer.

**MISS H. C. CAMPBELL, L.D.S., R.C.S. (Eng.)**, Assistant School Dental Officer (from 13th April, 1953).

**R. G. BOODLE, L.D.S., R.C.S. (Eng.)**, Assistant School Dental Officer (part-time).

**M. J. BARTLETT, L.D.S.**, Assistant School Dental Officer (part-time).

**M. E. D. TURNER, B.Sc. (Lond.), F.R.I.C.**, Public Analyst (part-time).

### Sanitary Inspectors

**R. I. WILLIAMS (Chief)** (and Port Sanitary Inspector).

**C. H. DAVID** (and Assistant Port Sanitary Inspector).

**E. BLUNDELL.**

**D. FRANCIS.**

**R. C. UPHAM (Assistant).**

**CAPT. R. WHITTINGTON (Assistant Port Sanitary Inspector), (part-time).**

### Health Visitors, Tuberculosis Visitors and School Nurses

MISS A. R. TAYLOR (Superintendent Nursing Officer).

Staff establishment of ten not enumerated in view of the many changes during the year.

---

MISS G. GAPPER, Home Teacher for the Blind.

E. T. CHINN, Ambulance Officer.

M. JONES, F.P.S., Chief Pharmacist, Health Centre, 20 Longsmith Street, Gloucester.

G. ROBERTSON, Assistant in Dispensing, Health Centre, 20 Longsmith Street, Gloucester.

F. L. MAYO, M.P.S., Chief Pharmacist, Health Centre, 11, Barton Street, Gloucester.

MISS. Z. GREENLAND, Asst. in Dispensing, Health Centre, 11, Barton Street, Gloucester.

MRS. M. S. ETHERIDGE, Assistant in Dispensing, Health Centre, 11, Barton Street, Gloucester.

H. J. HARVEY, Chief Clerk and Duly Authorised Officer.

Eight whole-time and one part-time clerks, including two Duly Authorised Officers; one whole-time, one part-time School Medical Services clerks, two Dental Attendants whole-time and two part-time Assistants, in conjunction with the Education Committee; one Disinfecting Officer and three Rodent Operatives.

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### HEALTH SERVICES

#### HEALTH DEPARTMENT:

Priory House, Greyfriars (Tel. 24416-7).

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### CLINICS AND CENTRES

#### Health Clinic

Brunswick Road (Tel. 23253)

Ante and Post Natal Clinics ...	... ...	Nurses' Sessions ...	Mondays and Thursdays (by appointment)
		Doctors' ,, ,	Mondays to Fridays (by appointment)
		Bookings ...	Mondays, 9.30 a.m.

Health Centres : 20 Longsmith Street, Gloucester (Tel. 22362).  
11, Barton Street, Gloucester (Tel. 22682).

#### Infant Welfare Centres :—

Tredworth Community Centre, High Street	... ...	... ...	(Closed 31-3-53).
Trinity Baptist Church Sunday School, Selwyn Road	... ...	... ...	Tuesday 2 p.m.
Mission Hall, Sherborne Street	... ...	... ...	Wednesdays ,,
St. Stephen's Church Hall, Linden Road	... ...	... ...	,, ,
Church Hall, Matson	... ...	(Opened 8-4-53)	,, ,
St. Mary's Hall, St. Mary's Square	... ...	... ...	(Closed 31-3-53)
St. George's Hall, Lower Tuffley	... ...	... ...	Thursdays ,,
Tyndale School, Stratton Road	... ...	... ...	Fridays ,,
Coney Hill	... ...	... ...	,, ,
Elmscroft Community Centre, Wotton	... ...	... ...	,, ,

## General :—

Chest Clinic, 11 Barton Street (Tel. 22682) ... ... ...	Tuesdays 2 p.m.
Chest Clinic, Gloucestershire Royal Hospital, Great Western Road ... ... ... ... ... ...	Mondays 9-30 a.m.
Chest Clinic (children), Gloucestershire Royal Hospital, Great Western Road ... ... ... ... ... ...	Wednesdays 9-30 a.m. (2nd and 4th in each month).
Tuberculosis Immunisation Clinic, Health Clinic, Brunswick Road ... ... ... ... ... ...	Saturdays 9-30 a.m. (2nd in each month).
Birth Control Clinic, Health Clinic, Brunswick Road ...	Tuesdays, 2-30 p.m. (2nd and 4th in each month). Saturdays 9-30 a.m. (4th in each month) (By appointment).

## SCHOOL MEDICAL SERVICE

## School Minor Ailment Clinics :—

1. Health Clinic, Brunswick Road ... ...	Monday, Tuesday, Thursday and Friday. From 9-10 a.m.
2. Finlay Road School ... ... ... ...	Monday, Wednesday and Friday. From 9-10 a.m.
3. Open Air School ... ... ... ...	Monday, Wednesday and Friday. From 9-11 a.m.

## School Dental Clinic, Health Clinic, Brunswick Road

Monday, Tuesday, Thursday and Friday. From 9-10 a.m.

## DAY NURSERY

Bath Place, Stroud Road. (Tel. 24332).

## AMBULANCE SERVICE

Eastern Avenue (Tel. 25055-6).

HEALTH DEPARTMENT,  
PRIORY HOUSE, GREYFRIARS,  
GLOUCESTER.

*To the Mayor, Aldermen and Councillors  
of the City of Gloucester.*

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour of presenting my Annual Report for the year 1953.

As last year's Report contained a quinquennial review of the Health Services generally, there is no need for such detail this time ; nor have I added any introductions to individual sections.

#### GENERAL HEALTH IN 1953.

The vital statistics show fluctuations that are inevitable when dealing with small numbers, but even so they tend to show steady improvements.

In his last Annual Report, the Chief Medical Officer to the Ministry of Health drew attention to the fact that there were now as many people in England dying of Cancer of the Lungs as of Tuberculosis of the Lungs. Small though they are, the local figures for 1953 bear this out. Thirteen persons (twelve male) died of the former and thirteen (ten male) of the latter. This illustrates both the fall in Tuberculosis mortality and the rise in Cancer over the past years.

On page 14 I analyse the causes of death of thirty-eight infants under the age of one month. This emphasises that the measures to be taken to prevent such deaths have to be directed more and more to the actual time of birth, and even to the mother's ante-natal period. The actual infant mortality rate cannot now improve very much more until such ante-natal measures are used as will lessen accidents at birth, premature delivery and if possible congenital malformations.

#### ACCOMMODATION FOR MATERNITY CASES.

Approximately 53% of City mothers had their confinements in hospital or nursing home, and 47% in their own homes.

These percentages vary greatly in different parts of the country. In two cities in this South Western Region of England the figures for hospital confinements rise in one case to over 80% and in the other to over 90%.

Maternity hospitals are notoriously expensive to run, but more important is the fact that they involve a great amount of medical, nursing, lay and administrative staff, to say nothing of ancillary technical staff. This staff, building and equipment is virtually wasted when it deals in the main with normal confinements.

The desire for hospital accommodation for normal cases is still great for two main reasons. Firstly, because of inadequate home conditions or lodgings many women cannot reasonably have their babies born in them. Secondly, even under the latest National Health Service Act, it is still cheaper for the mother to have a baby born in hospital than at home.

When these two matters have been put right it is reasonable to expect a reversion to a greater number of home confinements.

Locally the City Maternity Hospital is now the specialist centre for the Gloucester, Stroud and Forest Hospital area and has a concentration of cases which may develop abnormally there. Relatively there are now fewer beds for City women whose confinements are normal, but who should be admitted because their home circumstances are so inadequate. If the two matters referred to above, particularly better home circumstances, were rectified, then the local hospital accommodation would probably be adequate for all purposes. At present it is not.

Fortunately, and with the help of the County Medical Officer of Health, some beds in maternity hospitals at Cheltenham, Stroud and the Forest are from time to time made available, but I cannot get all our urgent cases satisfied. Still, the answer doesn't lie in the direction of more maternity hospital beds.

#### DOMESTIC HELP SERVICE.

As will be seen on page 21, the cost of this service is equivalent to approximately a 3d. Rate. I am glad to be able to report the assistance the Health Committee gives to people unable to pay, and especially to old people. Just over half the cases assisted were old age pensioners.

#### IMMUNISATION AGAINST INFECTIOUS DISEASES.

An epidemic of any of the infectious diseases which can be prevented by appropriate inoculation always causes a rush of applications for immunisation. It is a pity that fear seems to be the only great incentive.

Just over two-thirds of Gloucester City children under the age of fifteen are now immunised against Diphteria, but only one-third are under five years of age, the most dangerous years for the disease.

Worse still, the number being immunised tends to fall, especially in the younger years.

#### TUBERCULOSIS.

The report from the Chest Physician is enclosed. Attempts have been made to satisfy the Minister of Health's request for e.g. information about the employment of known cases of tuberculosis in industry, both as regards their own health and that of their fellow workers. It has been found impossible to investigate this problem fully ; it would involve a vast amount of time.

#### CLEAN FOOD CAMPAIGN.

Campaigns have been considered locally on more than one occasion since the war, but not approved. It is felt in the end that good results follow personal and continued work by this department, and particularly the Sanitary Inspectors.

By arrangement with the Central Council for Health Education a joint conference for all health workers in the County and City was held here on the 8th and 9th December, 1953, when this problem amongst others was considered.

#### EPILEPSY.

I would particularly refer to the social problems raised by this illness.

When starting early in life it is nowadays reasonably easy to get epileptics to a special residential school, if educable, and especially if the fits are likely to be controllable by drugs.

Where, however, the illness starts later in school life, or where it deteriorates during school life, and the problem of residential accommodation at a colony becomes medically advisable, then the difficulties can be very great indeed. Such cases also often begin to show deterioration of their mental capacity, and they may become a difficult problem for their families, and for those interested in their social welfare. Finally, they can become a problem for the police.

If such cases are eventually sent to prison, it is commonly because they want protection from themselves, and the public needs protection from them. They are a medical problem really, but there is nowhere for them to be sent to be kept under medical care and treatment.

Eventually such cases filter through prisons until they deteriorate sufficiently to be admitted to a mental hospital.

This is a sad state of affairs.

It is something of a vicious circle trying to get anything done at present, there simply isn't the accommodation anywhere, even though the Local Authority offers to maintain them at full cost.

It is at least likely that earlier and active treatment and care in an institution would lessen their rate of deterioration, possibly stop it. It is certain that many distressing social difficulties would be avoided.

The Ministry of Health is not only aware of this problem, but does all it can to assist in finding accommodation. Should Local Authorities consider establishing further colonies or should the Ministry, through its Hospital Boards? This problem resembles that of those aged and infirm who require a certain amount of medical and nursing attention.

#### ACKNOWLEDGMENTS.

I would like to take this opportunity of thanking you Mr. Mayor and all members of the Council for your kindness and consideration.

I would also thank all members of my staff for their loyalty.

I beg to remain,

Your obedient Servant,

CHARLES COOKSON,

*Medical Officer of Health,*

*Principal School Medical Officer*

*and Port Medical Officer.*

## Section A.

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### Statistical Conditions of the Area

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#### GENERAL STATISTICS—1953

Area (in acres) ... ... ... ... ... ... ... ... 5,320 acres		
Estimated Home Population ... ... ... ... ... ... ... 66,400		
Area comparability factors ... ... ... ... ... ... ...	$\left\{ \begin{array}{l} \text{Births} \\ \text{Deaths} \end{array} \right.$	0.98 1.04
Number of inhabited houses at end of year according to Rate Books ... 17,247		
Rateable Value ... ... ... ... ... ... ... £506,286		
Sum represented by a Penny Rate (estimated) ... ... ... ... £1,960		

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#### VITAL STATISTICS—1953

LIVE BIRTHS	{ Legitimate Illegitimate	Males	Females	Total	<i>Rate per 1000 of the estimated resident population</i> ... 16·7	
		... 553	504	1057		
		... 26	29	55		
	TOTALS	... 579	533	1112		
STILLBIRTHS	...	...	14	23	37	<i>Rate per 1000 total (live and still) births</i> ... 32·2
DEATHS	...	...	390	343	733	<i>Death rate per 1000 of the estimated resident population</i> ... 11·0
DEATHS FROM PREGNANCY, CHILDBIRTH AND ABORTION	...	...	...	...	...	Nil
DEATH RATE OF INFANTS UNDER ONE YEAR OF AGE:—						
All infants per 1000 live births (Total= 38)	...	...	...	...	...	34·2
Legitimate infants per 1000 legitimate live births (Total=36)	...	...	...	...	...	34·0
Illegitimate infants per 1000 illegitimate live births (Total=2)	...	...	...	...	...	36·4
DEATHS FROM MEASLES (all ages)	...	...	...	...	...	1
„ „ WHOOPING COUGH (all ages)	...	...	...	...	...	Nil
„ „ GASTRITIS, ENTERITIS AND DIARRHOEA (under 2 years of age)	...	...	...	...	...	3

## VITAL STATISTICS—1944-1953

### Live Births

YEAR	LEGITIMATE		ILLEGITIMATE		TOTAL	Rate per 1,000 of the estimated Resident Population	
	MALE	FEMALE	MALE	FEMALE		GLOUCESTER (Unadjusted)	ENGLAND & WALES
1944	614	552	50	62	1278	20·4	17·6
1945	543	533	76	73	1225	19·9	16·1
1946	595	640	63	70	1368	21·4	19·1
1947	704	647	53	42	1446	22·7	20·5
1948	597	524	48	41	1210	18·9	17·9
1949	553	537	35	34	1159	17·9	16·7
1950	545	497	37	25	1104	16·3	15·8
1951	553	518	31	35	1137	16·2	15·5
1952	535	497	22	38	1092	16·4	15·3
1953	553	504	26	29	1112	16·7	15·5

### Stillbirths

YEAR	MALE	FEMALE	TOTAL	Rate per 1,000 Total (Live and Stillbirths)	
1944	28	12	40		30·3
1945	18	14	32		25·4
1946	29	15	44		31·2
1947	22	9	31		20·9
1948	12	14	26		21·0
1949	9	6	15		12·7
1950	14	17	31		27·3
1951	12	14	26		22·3
1952	15	4	19		17·1
1953	14	23	37		32·2

### Deaths

YEAR	MALE	FEMALE	TOTAL	Death-Rate per 1,000 of the estimated Resident Population	
				GLOUCESTER (unadjusted)	ENGLAND & WALES
1944	374	340	714	11·4	11·6
1945	371	415	786	12·7	11·4
1946	408	358	766	12·1	11·5
1947	400	349	749	11·8	12·0
1948	386	347	733	11·4	10·8
1949	411	356	767	11·8	11·7
1950	392	377	769	11·3	11·6
1951	443	374	817	11·6	12·5
1952	360	324	684	10·3	11·3
1953	390	343	733	11·0	11·4

## BIRTH-RATE, DEATH-RATE AND ANALYSIS OF MORTALITY DURING THE YEAR

	England and Wales	160 County Boroughs and Great Towns including London	160 Smaller Towns (1951 Census Populations 25000– 50000)	London	GLOUCESTER (unadjusted)
<b>RATE PER 1000 POPULATION :—</b>					
Live Births...	...	...	...	15.5	16.7
Still Births	...	...	...	0.35	0.56
				17.0	17.5
				0.43	0.38
<b>DEATH-RATE PER 1000 POPULATION :—</b>					
All Causes	...	...	...	11.4	12.2
Typhoid and Paratyphoid	...	...	...	0.00	0.00
Smallpox	...	...	...	0.00	0.00
Whooping Cough	...	...	...	0.01	0.01
Diphtheria	...	...	...	0.00	0.00
Influenza	...	...	...	0.16	0.15
Tuberculosis	...	...	...	0.20	0.19
Acute Poliomyelitis and Polioencephalitis	...	...	...	0.01	0.01
Pneumonia	...	...	...	0.55	0.52
				15.7	17.5
				0.34	0.38
				17.5	17.5
				0.38	0.38
<b>RATE PER 1000 LIVE BIRTHS :—</b>					
Diarrhoea and Enteritis under 2 years	...	...	...	1.1	2.7
Total Deaths under 1 year	...	...	...	26.8	34.2
				24.3	24.8

— Signifies no deaths.

## MATERNAL MORTALITY

YEAR	DEATHS	RATE PER 1,000 LIVE AND STILL BIRTHS			
		PUERPERAL AND POST ABORTIVE SEPSIS	OTHER CAUSES	TOTAL	
				Gloucester (unadjusted)	England and Wales
1944	4	Nil	3·03	3·03	1·93
1945	3	1·60	0·80	2·40	1·79
1946	2	Nil	1·42	1·42	1·43
1947	3	Nil.	2·03	2·03	1·17
1948	Nil	Nil.	Nil	Nil	1·02
1949	Nil	Nil	Nil	Nil	0·98
1950	2	Nil	1·76	1·76	0·86
1951	Nil	Nil	Nil	Nil	0·79
1952	1	Nil	1	0·90	0·72
1953	Nil	Nil	Nil	Nil	0·76

## NUMBER OF DEATHS AND DEATH-RATE OF INFANTS UNDER ONE YEAR OF AGE.

YEAR	NUMBER OF DEATHS			Death-Rate of all Infants Per 1,000 Live Births	Death-Rate of Legitimate Infants Per 1,000 Live Births	Death-Rate of Illegitimate Infants Per 1,000 Live Births
	All Infants	Legitimate Infants	Illegitimate Infants			
1944	41	36	5	32·1	30·9	44·6
1945	43	33	10	35·1	30·7	67·1
1946	56	45	11	40·9	36·4	82·7
1947	57	33	24	39·6	24·4	252·6
1948	43	40	3	35·5	35·7	33·7
1949	47	40	7	40·5	36·7	101·4
1950	29	26	3	26·3	24·9	48·4
1951	41	37	4	36·1	34·5	60·6
1952	26	23	3	23·8	22·2	50·0
1953	38	36	2	34·2	34·0	36·4

## CAUSES OF DEATH, 1953

(SHOWING THE THREE MAIN CAUSES.)

DISEASE	SEX	AGE GROUPS								All Ages
		0-1	1-5	5-15	15-25	25-45	45-65	65-75	75+	
Tuberculosis—										
All forms ... ...	M	—	—	—	—	3	6	2	—	11
	F	—	1	1	1	1	1	—	—	5
Cancer—										
All forms ... ...	M	—	—	—	1	4	13	15	12	45
	F	—	—	—	1	5	18	13	16	53
Heart Disease and Diseases of Circulation—All forms										
M	—	—	—	—	1	36	57	54	148	
	F	—	—	—	—	4	18	33	88	143
All other causes ... ...	M	28	4	2	4	12	50	35	51	186
	F	10	—	3	—	9	32	30	58	142
Total Deaths—All causes ...	M	28	4	2	5	20	105	109	117	390
	F	10	1	4	2	19	69	76	162	343
TOTALS ...		38	5	6	7	39	174	185	279	733

## INFANT MORTALITY

Deaths from stated causes under one year as given by the Registrar General.

Infective or Parasitic Disease	...	...	...	1
Circulatory Disease	...	...	...	1
Pneumonia ...	...	...	...	9
Gastritis, Enteritis and Diarrhoea	...	...	...	3
Congenital Malformations...	...	...	...	9
Other Defined and ill defined diseases	...	...	...	14
Accidents ...	...	...	...	1
				—
				38

An analysis of the 9 "pneumonia" deaths shows that all were certified as Broncho-Pneumonia and all but one were associated either with prematurity, atelectasis or multiple congenital malformations.

An analysis of the 14 other "defined and ill-defined causes" shows that 6 were due to birth injuries (intra-cranial) and 4 to prematurity.

Of the total of 38 deaths under the age of 12 months, 20 occurred under the age of 1 month, i.e. a neo-natal death rate of 17.9.

TABLE SHOWING INCIDENCE OF CANCER, 1929-1953

Year	Deaths from Cancer	Percentage of total Deaths registered	Death-Rate per 1,000 Population	Sex	AT AGES—YEARS			
					Under 25	25—45	45—65	65—Up
1929	77	10·0	1·48	M	1	3	16	19
				F	—	3	14	21
1930	81	12·8	1·56	M	2	2	5	20
				F	—	3	19	30
1931	86	11·9	1·62	M	—	2	14	17
				F	—	6	27	20
1932	83	11·7	1·56	M	—	1	18	15
				F	—	4	18	27
1933	70	10·5	1·31	M	—	3	16	21
				F	—	2	15	13
1934	85	12·8	1·61	M	—	1	21	23
				F	—	3	14	23
1935	95	13·5	1·67	M	—	2	12	25
				F	—	1	19	36
1936	101	13·9	1·78	M	—	2	24	31
				F	—	5	18	21
1937	84	11·1	1·17	M	—	1	14	19
				F	—	3	20	27
1938	85	11·7	1·53	M	—	—	14	23
				F	—	3	16	29
1939	97	12·9	1·67	M	—	4	14	23
				F	—	4	24	28
1940	91	10·0	1·50	M	—	7	14	22
				F	—	4	16	28
1941	97	12·0	1·49	M	—	4	13	31
				F	—	6	22	21
1942	114	14·8	1·76	M	—	4	17	27
				F	—	5	25	36
1943	111	13·0	1·90	M	—	2	16	29
				F	—	6	30	28
1944	110	15·4	1·76	M	—	4	18	27
				F	—	2	27	32
1945	102	12·9	1·63	M	—	7	19	28
				F	—	11	11	26
1946	118	15·4	1·86	M	—	1	23	33
				F	—	6	22	33
1947	108	14·4	1·69	M	—	4	17	29
				F	—	9	23	26
1948	106	14·5	1·65	M	—	3	24	30
				F	—	5	16	28
1949	110	14·3	1·70	M	—	1	23	27
				F	—	8	23	28
1950	120	15·6	1·77	M	—	4	31	27
				F	—	9	18	31
1951	122	14·9	1·74	M	—	2	33	36
				F	—	7	18	26
1952	112	16·4	1·68	M	—	4	24	36
				F	—	6	11	31
1953	98	13·4	1·47	M	—	5	13	27
				F	—	6	18	29



## LABORATORY WORK

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### Ante-Natal Clinics

Blood, smears, etc. :—

R.b.c. and Hb.	...	...	...	...	...	...	1714
Rhesus Factor	...	...	...	...	...	...	1542
Blood Group	...	...	...	...	...	...	1514
Other Tests ...	...	...	...	...	...	...	62
							4832

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### Others

For Sönne Dysentery	...	...	...	...	...	...	84
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## PREMATURITY, STILLBIRTHS AND ABORTIONS

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There were 19 premature live infants born at home. There were 37 stillbirths, of which 21 were under  $5\frac{1}{2}$  lbs.

There were no stillbirths in private nursing homes.

Weight at Birth	PREMATURE LIVE BIRTHS						PREMATURE STILLBIRTHS		
	Born at home and nursed entirely at home			Born at home and transferred to hospital on or before 28th day			Born in hospital	Born at home	Born in nursing home
	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days			
3 lb. 4 oz. or less	—	—	—	—	—	—	7	2	—
Over 3 lb. 4 oz., up to and including 4 lb. 6 oz. ...	1	—	1	2	—	2	4	1	—
Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. ...	2	—	1	2	1	1	1	1	—
Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. ...	16	1	14	—	—	—	2	3	—
TOTALS ...	19	1	16	4	1	3	14	7	—

## DENTAL TREATMENT

### (a) Numbers provided with Dental Care.

	Examined	Needing treatment	Treated	Made dentally fit
Expectant and Nursing Mothers	557	237	200	36
Children under five ...	137	137	137	—

### (b) Forms of Dental Treatment provided.

	Extractions	Anaesthetics		Fillings	Scalings or Scaling & Gum Treatment	Silver Nitrate Treatment	Dressings	Radio Graphs	Dentures Provided	
		Local	General						Complete	Partial
Expectant and Nursing Mothers ...	293	47	51	51	17	—	—	—	8	4
Children under 5	225	1	110	4	—	2	—	—	—	—

## DAY NURSERY

### Attendances

NURSERY	No. of Places	Total No. of Individual Children Admitted during Year	Average Daily Attendance
Bath Place ... ... ... ... ...	40	25	19

## BIRTH CONTROL CLINIC

No. of Sessions held ...	... ... ... ...	... ...	25	23-2 hrs.
				2-1 hr.
No. of cases on Register at beginning of year	...	...	464	
No. of new cases attending Clinic on Doctors' recommendations during the year	...	...	85	
No. of cases removed from the Register during the year, left City, or ceased to attend	...	...	31	
No. of cases remaining on the Register at the end of year			518	
No. of Attendances ...	... ... ... ...	... ...	442	
County Cases attending Clinic (included in above figures)			23	

## SECTION 23

## Midwifery

Number of new Midwifery cases	...	...	...	405
,,    ,,    ,, Maternity    ,,	...	...	...	83
Number of Midwifery visits	..	...	...	8232
,,    ,,    Maternity    ,,	...	...	...	1629
,,    ,,    Ante-natal    ,,	...	...	...	4680
,,    ,,    Post-natal    ,,	...	...	...	228
,,    ,,    Casual        ,,	...	...	...	924
Total number of visits made	...	...	...	15693

		Midwifery	Maternity
Number of cases on books at 1/1/53	... 18	18	1
" " " " " " 31/12/53	... 18	18	1

## MEDICAL ASSISTANCE CALLED IN DOMICILIARY CASES BY MEDICAL HELP FORMS, as follows :—

Condition of Mother	...	...	...	...	165
Condition of Child	...	...	...	...	50
Miscarriages	...	...	...	...	18
<b>TOTAL</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>233</b>

## SECTION 24

## Health Visiting, etc.

The following is a summary of the work carried out by the Health Visiting Staff:—

### No. of Visits to Homes :—

No. of first visits to children under 1 year	...	...	...	...	1094
„ „ re-visits	„ „ „ „ „ „	...	...	...	4901
		Total	...	...	5995
No. of first visits to children between 1 and 5 years	...	...	...	...	38
„ „ re-visits	„ „ „ „ „ „	...	...	...	7977
		Total	...	...	8015
No. of first visits to expectant mothers	...	...	...	...	641
„ „ re-visits	„ „ „ „	...	...	...	132
		Total	...	...	773

## Other cases :—

Deaths investigated	...	...	...	...	...	—
Stillbirths investigated	...	...	...	...	...	—
Houses inspected and reported	...	...	...	...	...	75
Scarlet Fever	...	...	...	...	...	61
Ophthalmia Neonatorum	...	...	...	...	...	3
Chicken-pox	...	...	...	...	...	239
Whooping Cough	...	...	...	...	...	124
Measles	...	...	...	...	...	581
Pneumonia	...	...	...	...	...	72
Puerperal Pyrexia	...	...	...	...	...	17
Tuberculosis	...	...	...	...	...	1740
Suspicious illnesses	...	...	...	...	...	—
Post-natal	...	...	...	...	...	81
Mental defectives	...	...	...	...	...	212
Hospital follow-ups	...	...	...	...	...	49
Aged people	...	...	...	...	...	314
Home help	...	...	...	...	...	71
Sundry	...	...	...	...	...	1427
Unsuccessful	...	...	...	...	...	2556
School Medical Service	...	...	...	...	...	574
					Total ...	8196
					Total No. of Visits	22979

## ATTENDANCES AT CLINICS, &amp;c.

Ante-Natal and Post-Natal Clinics	...	...	...	...	2
Infant Welfare Clinics	...	...	...	...	723
School Minor Ailments Clinics	...	...	...	...	340
School Medical Inspections	...	...	...	...	169
School Heads Inspection	...	...	...	...	310
Tuberculosis	...	...	...	...	200
Birth Control	...	...	...	...	23
Immunisation and Vaccination	...	...	...	...	68
Any other clinics, meetings, etc.	...	...	...	...	145
				Total ...	1980

## SECTION 25

**Home Nursing**

(CARRIED OUT BY THE GLOUCESTER DISTRICT NURSING SOCIETY) :—

Number of new Surgical cases	...	...	...	300
„ „ „ Medical „	...	...	...	1286
„ „ „ T.B. „	...	...	...	66
„ „ „ notifiable „	...	...	...	32
Number of cases sent by Doctors	...	...	...	1379
„ „ „ who applied direct	...	...	...	155
„ „ „ sent home by Hospital	...	...	...	100
„ „ „ (miscellaneous)	...	...	...	50
Number of cases on books at 1/1/53	...	...	...	247
„ „ „ „ „ „ „ 31/12/53	...	...	...	257

## VISITS PAID TO ALL PATIENTS

Number of Surgical visits	...	...	...	...	6909
„ „ Medical „	...	...	...	...	46947
„ „ T.B. „	...	...	...	...	1610
„ „ notifiable „	...	...	...	...	460
„ „ Casual „	...	...	...	...	194
„ „ Night Nursing Visits	...	...	...	...	1517
Total number of visits	...	...	...	...	57637

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## SECTION 29

**Domestic Help**

No. of Domestic Helps employed at 31st December, 1953 :—

Whole-time	...	...	—
Part-time	...	...	40

No. of cases where Domestic Help was provided during the year :—

Maternity	...	...	48
Tuberculosis	...	...	17
Others :—			
Sickness	...	...	197
Old age	...	...	
			—
	Total	...	262
			—

An analysis of the above figures shows :—

	PAYING CASES	FREE CASES	TOTAL
Maternity	...	46	2
Tuberculosis	...	12	5
Blind	...	1	6
Illness	...	41	8
Chronic sick	...	6	3
Old Age Pensioners	...	38	94
	—	—	132
TOTALS ...	144	118	262
	—	—	—

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Cost of Service (1953-54) ... £6,013 14s. 8d.

## SECTION 26

**Vaccination and Immunisation****1. Against Smallpox**

Age at date of Vaccination ...	Under 1	1	2 to 4	5 to 14	15 or over	Total
Number Vaccinated ... ...	102	15	17	18	60	212
Number Re-Vaccinated ...	—	—	5	11	77	93

N.B.—There were no cases "Specially Reported" during 1953 as showing complications from Vaccination.

**2. Against Tuberculosis**

Number of Children vaccinated	...	...	...	...	...	...	...	46
-------------------------------	-----	-----	-----	-----	-----	-----	-----	----

**IMMUNISATION****1. Immunisation against Diphtheria in Relation to Child Population**

Number of Children who had completed a full course of Immunisation at any time up to 31st December 1953

Age at 31.12.53 i.e. Born in Year	Under 1 1953	1 1952	2 1951	3 1950	4 1949	5 to 9 1943 to 1948	10 to 14 1939-to 1943	Total under 15
Number Immunised	67	515	546	606	658	4599	3736	10727
Estimated mid year child population 1953		5200				10000		15200

N.B.—There were no notifications of Diphtheria in 1953.

**2. Immunisation against Whooping Cough.**

Number of Children immunised	...	...	...	...	159
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## SECTION 27

**Ambulance Service**

I give below the report of the Ambulance Officer together with a statistical summary of the year's work in this service.

"The year 1953 again shows an increase of 3050 calls over the previous year, of which only 355 were ambulance cases, the remainder, 2695 being Sitting—Car cases.

During the year a total of 29,283 calls were received, made up of 6,361 ambulance and 22,922 sitting cases, with 29,907 persons carried. These figures at the end of six years under the National Health Services Act 1946, are somewhat alarming when compared with the years previous to the introduction of the above Act.

Treatment sitting-cases attending the several hospitals in the City Area are being repeatedly checked to ascertain if ambulance transport is definitely necessary. During the last two months of the year there was a marked improvement in the co-operation of the various departments at the hospitals and the Ambulance Service in the ordering of ambulances. It is realised that transport is necessary for certain treatment cases, but is such transport required for the large number of Physiotherapy and Ante-Natal cases attending the hospitals? It does appear that the guidance contained in the Ministry of Health Circular 30/51, appendix II, 'Rules on the use of Ambulance Services,' is not fully appreciated.

Radio Control has played a large part in maintaining an efficient Ambulance Service in the City Area. It has enabled the Service to answer every call, and although there is a further increase in the work undertaken, no additional staff has been engaged but it must now be realised that the Service is working at its maximum.

One Head Driver was promoted to Station Superintendent, which has considerably added to the efficient working of the Service, and one of the Driver Attendants promoted to Head Driver.

With the exception of some Mental Cases, who were transferred to other hospitals in the country, all Long Distance Cases have been conveyed by train, and I would like to mention the most satisfactory co-operation of the Gloucester Staff of the British Railways for the information given and arrangements made for such travel.

An interesting point in connection with the increase of cases and mileage, is that taking both factors into consideration, there is a decrease of nearly 300 vehicle journeys, thereby proving the considerable saving by the use of Radio Control.

The British Red Cross Society has supplied all the Escorts for cases who require Attendants when conveyed by train. I wish to express my appreciation in the way these escorts respond to the requests, often at very short notice.

The voluntary week-end duties have been most satisfactorily carried out by members of the City of Gloucester Division of the St. John Ambulance Brigade, Glos. 25 and Glos. 47 Detachments of the British Red Cross Society. I would like to record my appreciation of the co-operation of voluntary organisations.

Summary of the number of duties and hours is as follows :—

	<i>Duties.</i>	<i>Hours.</i>
City of Gloucester Division S.J.A.B.	98	1123½
Glos. 25 Detachment B.R.C.S. ...	54	589
Glos. 47 Detachment B.R.C.S. ...	52	623
 Totals ...	 204	 2335½

All personnel of the Ambulance Service have been re-examined in First Aid during the year. They have also satisfactorily passed in the new Holgar Neilson method of Artificial Respiration. The Station Superintendent, two Head Drivers, three Driver Attendants, and the Station Telephonist obtained the Intermediate Certificate and the Bronze Medal of the Royal Life Saving Society.

In September a team from the Ambulance Service took part in the South West Region Local Authorities Ambulance Competition at Taunton, Somerset, and obtained joint Third position with 78.3% marks.

A new Bedford-Spurling Ambulance was placed in service in February, replacing a pre-war vehicle, which is now used for Ambulance Sectional Training of the Civil Defence Corps.

Civil Defence training continues, and a number of the volunteers have received driving instruction and have passed the Ministry of Transport Tests.

The Hospital Car Service continues to help whenever required, and although there is a marked decrease in the number of cases and mileage for the year, their work is appreciated.

Every endeavour continues to be made to maintain an efficient Service in the City as economically as possible."

### 1. Total Calls during the Year

VEHICLE	City	County	Over Hospital	Inter-Hospital	Other Authorities	TOTALS
Ambulances ... ...	4062	1385	111	777	26	6361
Cars ... ... ...	13340	8026	373	1133	50	22922
<b>TOTALS</b> ... ...	<b>17402</b>	<b>9411</b>	<b>484</b>	<b>1910</b>	<b>76</b>	<b>29283</b>

### 2. Total Mileage during the Year

VEHICLE	City	County	Over Hospital	Inter-Hospital	Other Authorities	TOTALS
Ambulances ... ...	24909	14080	1207	5635	570	46401
Cars ... ... ...	37469	63404	4785	5387	743	111788
<b>Totals</b> ... ...	<b>62378</b>	<b>77484</b>	<b>5992</b>	<b>11022</b>	<b>1313</b>	<b>158189</b>

Additional mileage in connection with the Children's and Welfare Departments for Laundry and transport work for the Hospital Management Committee and the Ambulance Service, is as follows :—

<i>Departments.</i>		<u>1953</u>	<u>1952</u>
Children's	...	418	615
Welfare	...	395	340
Hospital Management Committee		162	712
Ambulance Service	...	4579	4545
		Total	7224
		5554	—

Mileage in respect of Civil Defence Training, Driving Instruction and Civil Defence Exercise 'Barter' during the year was :—

Driving Instruction	...	2897
Exercise 'Barter'	...	80

### Summary of Cases for the Year.

		<u>1953</u>	<u>1952</u>
City Accidents	...	951	776
City Removals	...	16451	15160
County Accidents	...	264	278
County Removals	...	9147	7900
Over Hospital Cases	...	484	367
Inter Hospital	...	1910	1672
Other Authorities	...	76	80
		Totals	26233
		29283	—
Total Mileage	...	158189	147943
Total Patients carried	...	29907	27040
Increase of Mileage over 1952	...	10246	
Increase of Cases over 1952	...	3050	
Increase of Persons carried over 1952	...	2867	
Total vehicle journeys.	Ambulance	3285	3275
	Cars	5358	5664
		Totals	8939
		8643	—

### 3. Hospital Car Service

		<u>1953</u>	<u>1952</u>
Total Cases	...	71	234
Total Mileage	...	1349	4859
Decrease of Cases over 1952	...	163	
Decrease of Mileage over 1952	...	3510	

#### 4. Cases Conveyed by Rail

		1953	1952
Total Cases conveyed by Train.	Stretcher ...	59	55
	Sitting ...	185	197
		<hr/>	<hr/>
	Totals ...	244	252
		<hr/>	<hr/>

### SECTION 28

## Prevention of Illness, Care and After Care

### TUBERCULOSIS

REPORT BY F. J. D. KNIGHTS, M.D., M.R.C.P.

In 1953 we saw 90 new cases of tuberculosis among residents of the City of Gloucester.

These included one case of miliary tuberculosis, six non-respiratory cases, eleven cases of primary infection and seventy-two cases of phthisis.

There were 520 City Cases known to us at the end of 1953. Of these 82 cases were considered definitely infectious, 108 as potentially infectious and 321 as non-infectious. The infectivity risks of 9 are unknown to us for various reasons.

Many of the infectious cases were in Sanatorium undergoing treatment. A study is in progress of cases who have in the past received long courses of chemotherapy and are still infectious and now residing at home. Such patients whose tubercle bacilli may now well be resistant to chemotherapy constitute a very difficult problem both in respect of their own future treatment and that of their contacts who may become infected with resistant strains of bacilli. In this investigation we have been fortunate in having the help of the Bath Public Health Laboratory.

Two hundred case notes were reviewed and of these twenty-four patients were found to come in the above category. One only did not co-operate in sending in the sputum specimens.

Investigated ...	24	Co-operated ...	23.
Sputum negative on culture—further specimens to be sent		...	8
Tubercle bacilli present—resistant to streptomycin	...	...	1
Tubercle bacilli present—still sensitive to streptomycin and isoniazid	... ... ... ... ... ...	...	12
Tubercle bacilli present—resistant to isoniazid but sensitive to streptomycin (patient since died)	... ... ... ...	...	1
Sputum positive on first culture—sensitivity test still incomplete			1

The investigation is still incomplete but the evidence so far shows that we have not to any significant extent built up a group of infectious patients disseminating resistant bacilli in the City.

The following tables are an analysis of our Clinical Area cases of phthisis in the years 1949—1953. Mass Radiography in the first two years was a part-time service : in the latter three years it has been practically full-time within our clinical area. In spite of the fall of all notifications it will be seen from the first table that our number of cases of phthisis year by year tends to be very constant. More surprisingly the percentage of minimal cases has tended to fall ; though it must be remembered that in younger people the disease is often explosive and quickly passes out of a minimal phase. Only in older people is the progression of the disease often slow enough to permit serial Mass Radiography examination to detect trouble at its commencement.

TABLE I.

*Number of New Cases of Phthisis and Severity at Time of Diagnosis.*

Year.	1949	1950	1951	1952	1953
Total Number	258	254	263	239	244
Minimal Cases	31%	30%	20%	20%	18%
Moderately Advanced Cases	50%	52%	69%	68%	67%
Advanced Cases	19%	18%	11%	12%	15%

The above cases have been subdivided to show how they reached the Clinic.

TABLE II.

*Source of Reference of Cases Analysed in Table I.*

	1949 + 1950 (512 cases)	1951 + 1952 (502 cases)	1953 (244 cases)
Cases referred from General Practitioners	54%	43%	47%
Cases discovered by Mass Radiography...	15%	30%	24%
Cases discovered by Contact Organisation	9%	7%	7%
Cases referred from other sources (Forces, Hospital, etc.)	22%	20%	22%

They have been further subdivided to show the type of case that each of the foregoing main agents presents to us.

TABLE III.

*Value of Various Agencies in Producing Cases of Phthisis.*

Agent.	Years.	Total Number	Minimal Phthisis	Moderate Phthisis	Advanced Phthisis
G.P.	1949 + 1950	277	22%	55%	23%
	1951 + 1952	215	14%	68%	18%
	1953	113	11%	71%	18%
Miniature Mass Radiography	1949 + 1950	75	48%	52%	—
	1951 + 1952	152	23%	76%	1%
	1953	59	24%	76%	—
Contacts	1949 + 1950	47	55%	34%	11%
	1951 + 1952	34	53%	47%	—
	1953	17	47%	41%	12%
Other Sources	1949 + 1950	113	27%	50%	23%
	1951 + 1952	101	15%	66%	19%
	1953	55	18%	56%	26%

To complete the analysis the cases of minimal phthisis were subdivided among the main agents.

TABLE IV.

### *Source of Minimal Cases.*

<i>Year.</i>	<i>G.P.</i>	<i>M.M.R.</i>	<i>Contacts</i>	<i>Other Sources</i>
1949+1950	40%	23%	17%	20%
1951+1952	31%	36%	18%	15%
1953	27%	32%	18%	23%

From the tables it will be seen that in our experience contact examination, though carried out as thoroughly as we can, accounts for only a very small percentage of our new cases. Although mass radiography is the best source of minimal cases, the great majority of the cases it produces are in the moderate category. This is perhaps not unexpected as the mode of usage of mass radiography has changed quite a lot—the statistics being influenced by the influx of unwell patients attending open public sessions and by the general practitioner sending increasing numbers of vaguely unwell cases through the unit.

## CONTACT EXAMINATION.

### *Clinical Area Figures.*

<i>Year.</i>	<i>No. of New Notifications</i>	<i>Total No. of New Contacts Examined</i>	<i>Total Contact Attendances</i>
1951	...   ...   453	1364	3987
1952	...   ...   407	1215	4857
1953	...   ...   375	1468	5699

Of the 5699 total attendances in 1953, 2299 were for examination by Mass Radiography, 660 for X-ray examination at a hospital and the remainder of the attendances were concerned with tuberculin testing, B.C.G. vaccination and clinic follow up.

## CONTACT EXAMINATIONS ARISING OUT OF CITY CASES NOTIFIED IN 1953.

### 1. Adults.

The overall response of adult contacts called up for the first time was 76%. The number of Adult contacts notified as a result of these examinations was 2.

## 2. Children.

Of 84 children called up, 12 did not attend at all, 16 were unhealthy and kept under clinic observation, 3 were tuberculin positive but did not attend for further examination, and the remaining 53 were healthy.

### *Analysis of 53 healthy children.*

Age 0—4 Tub + ve. Ref. to G.P. and H.V. for obs.	...	...	3
Age 5—12 „ „ „ For follow up by Mass Radiography	...	...	10
Age 13—16 „ „ Tub. neg. at no further risk, serial T.T. for 1 yr. or disch.	...	...	9
Tub. neg., refused B.C.G., kept under observation	...	...	5
Tub. neg., defaulted during B.C.G.	...	...	2
Tub. neg., successfully B.C.G. vaccinated	...	...	5
Tub. neg., B.C.G. postponed, still to be vaccinated	...	...	15
			4
			—
			53

### *Analysis of 16 unhealthy children.*

One was found to be suffering from miliary tuberculosis and one from tuberculous pleurisy. The other 14 have been kept under periodic clinic supervision.

### FOLLOW UP OF CITY B.C.G. VACCINATIONS DONE IN 1952.

34 contact children who were vaccinated in 1952 were followed up with the following results.

Well, remaining tuberculin positive. X-ray normal	...	...	20
Well, remaining tuberculin positive. Defaulted X-ray	...	...	3
Well, defaulted tub. test. X-ray normal	...	...	2
Well, cannot be Mantoux-tested. X-ray normal	...	...	2
Defaulted all follow up	...	...	3
Out-transferred to other areas	...	...	4
			—
			34
			—

### 1953 CITY CASES OF MILIARY AND MENINGEAL TUBERCULOSIS.

1. Girl Age 3. Father X-rayed at work, normal.  
Mother did not believe diagnosis and refused X-ray.  
Health stated to be good.
2. Woman Age 45. Three in family. All X-rayed, normal.  
Neither of these cases was notified or treated by us.  
Information was received through the Death Returns.
3. Girl Age 5. Miliary Tuberculosis. Picked up on contact examination.  
Father tuberculous.

To try and estimate how patients fared on return to industry an analysis was made of those cases coming up to the Rehabilitation Conference in 1950 and 1951. These dates were selected as it was expected that quite a large proportion of the tuberculous patients would have been relatively new patients falling within the streptomycin era of treatment. On going through the case papers this has been found not to be the case in the majority, and the follow up period is too short. Excluding cases left out of the analysis as lost sight of (out-transfers, etc.) we are left with 96 patients, 77 of whom are County cases, and 19 City.

55 of these cases have remained well and are non-infectious. Of these 41 are men and 14 are women. 6 of them were selected to go to a Government Training Centre, and a further 4 for the Industrial Rehabilitation Unit. 22 were placed in a job substantially different from that of their former occupation. 14 returned either to their old employer or virtually to the same kind of job as they had before they were ill. 4 were placed to employment for the first time. 11 of these people found employment for themselves and did not continue to seek the help of the Rehabilitation Officer. 2, after considerable drifting, fixed on their own employment. 2 women, after being successfully rehabilitated, left employment within a few months to get married.

23 patients, 17 men and 6 women, have relapsed. 9 of these are now in a satisfactory state of health and back at work. 11 are still undergoing treatment. 2 have chronic tuberculosis but are keeping at work. Of the above 23, 3 fell ill during the process of retraining. 2 women got married and relapsed during pregnancy. 1 man relapsed after an operation for duodenal ulcer. 1 man has become permanently disabled by bronchitis, his tuberculosis having been arrested by a thoracoplasty.

The next group of 6 men and 1 woman have presented special problems. 1 problem girl has been in a state of repeated pregnancy. An epileptic male with chronic tubercle has proved impossible to rehabilitate. 1 man with epilepsy and heart disease has since died of the latter. 1 man has entered a mental hospital. A man with chronic tuberculosis living in a remote agricultural area where there is no light work has found it

impossible to obtain suitable employment. 2 cases of phthisis have remained chronically unwell and been unfit to attend for Rehabilitation. A clergyman with chronic tuberculosis has had a period of open-air work but has relapsed.

Another group of 11 men with non-tuberculous conditions were brought to the Rehabilitation Conference. 3 of them are unable to work, being disabled by bronchitis or bronchiectasis. 4 are similarly completely disabled by pneumoconiosis. 1 man with pneumoconiosis has returned to surface duties at the colliery. 3 cases of asthma or bronchitis are working. 1 man has died of carcinoma of the bronchus.

I have to thank the Rehabilitation Officers for a very considerable amount of work they have done in bringing these cases up to date. Every effort is made to help our patients by the Rehabilitation Department. and certain individuals need a very considerable amount of help before they finally find a job suitable for their health and which they seem to like. In the last two years increasing care has been taken of the infectious case. The good-prognosis, quiescent patient, especially in the younger age groups, is no real problem for rehabilitation provided he lives near Gloucester, Cheltenham or Stroud, where there is a good deal of light, skilled employment. Nevertheless suitable cases can take advantage of a Government Training Course.

The details of the contact scheme were set out fully in the 1951 report and will not be repeated here. All notified cases, and non-notified cases dying of tuberculosis are looked into and the contacts examined unless unwilling.

Special action is taken with regard to tuberculosis in Council Schools and when required an immediate mass radiography examination is arranged and tuberculin testing carried out. Since mass radiography started work in Gloucestershire the only general community surveys carried out have been in the village of Lydbrook and the City of Gloucester. This type of special survey is only worth while if far more man-power and money is available for the very intensive publicity required to ensure a nearly complete population response.

### Summary of Tuberculosis Notifications 1st January to 31st December, 1953

	PRIMARY, FORMAL AND SUPPLEMENTARY NOTIFICATIONS													TOTAL (All Ages)
	0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	
Respiratory, Males ... ...	—	—	1	1	3	4	6	9	16	6	7	4	—	57
Respiratory, Females ... ...	—	—	—	4	3	5	5	9	5	2	1	—	—	34
Non-Respiratory, Males ... ...	—	—	—	1	—	1	—	—	2	—	—	—	—	4
Non-Respiratory, Females ... ...	—	—	—	1	1	—	1	—	3	—	1	—	—	7

### Number of Cases of Tuberculosis remaining on the Register of Notifications on 31st December, 1953

PULMONARY			NON-PULMONARY			TOTAL CASES
Males	Females	Total	Males	Females	Total	
289	276	565	34	31	65	530



## SECTIONS 28 AND 51

**Mental Health****LUNACY AND MENTAL TREATMENT**

## ADMISSIONS TO HORTON ROAD AND CONEY HILL HOSPITALS :—

## (a) CERTIFIED PATIENTS

AGE					MALE	FEMALE	TOTAL
Under 21	...	...	...	...	—	—	—
22-40	...	...	...	...	5	7	12
41-65	...	...	...	...	5	4	9
Over 65	...	...	...	...	4	5	9
				Totals ...	14	16	30

(b) VOLUNTARY PATIENTS      ...      80

(c) TEMPORARY PATIENTS      ...      5

## ADMISSIONS TO BARNWOOD HOUSE :—

Certified Patients    ...    1

Other cases investigated but not admitted    ...    5

**MENTAL DEFICIENCY**

Patients under supervision in their own homes at 31/12/52    ...    ...    ...    ...    ...    ...    49

New cases notified during the year    ...    ...    ...    ...    ...    ...    ...    9

—  
58

Removed from register    ...    ...    ...    ...    ...    ...    ...    ...    ...    ...    1

Patients under supervision in their own homes at 31/12/53    ...    ...    ...    ...    ...    ...    ...    57

Number of above Patients attending Cheltenham Occupation Centre    ...    ...    ...    ...    ...    ...    ...    12

Patients awaiting admission to Institutions    ...    ...    ...    ...    ...    ...    ...    ...    ...    ...    1

PATIENTS ON LICENCE FROM INSTITUTIONS :		<i>Stoke Park Colony</i>	<i>Brentbury Colony</i>	<i>Other Colonies</i>		
		M	F	M	M	F

Number on Licence 31/12/52	—	—	3	5	1
,,   ,,   ,,   31/12/53	1	—	2	3	2

PATIENTS IN INSTITUTIONS :		<i>Stoke Park Colony</i>	<i>Brentbury Colony</i>	<i>Other Colonies</i>		
		M	F	M	M	F

Number at 31/12/52	...	32	34	16	5	3
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Total at 31/12/53	...	34	32	12	5	3
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## Section C.

### Number of Notifications of Infectious Diseases from 1939 to 1953

DISEASE	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953
Smallpox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	...	...	...	...	...	61	132	93	367	188	280	171	75	60	172
Diphtheria	...	...	...	...	...	36	419	438	320	309	162	128	99	34	14
Pneumonia	...	...	...	...	...	135	124	94	90	100	71	72	82	84	52
Cerebro-Spinal Fever	...	...	...	...	...	—	7	30	10	3	—	—	2	3	41
Meningococcal Infection	...	...	...	...	*	*	*	*	*	*	*	*	*	*	52
Poliomyelitis or Polio. Encephalitis	...	...	...	...	—	—	2	—	—	—	—	—	1	3	*
,, Paralytic	...	...	...	...	*	*	*	*	*	*	*	*	1	4	2
,, Non-Paralytic	...	...	...	...	—	—	—	—	—	—	—	—	—	—	—
Dysentery	...	...	...	...	9	12	16	14	11	7	7	9	2	2	—
Ophthalmia Neonatorum	...	...	...	...	22	13	11	21	27	21	12	5	6	2	4
Puerperal Pyrexia and Puerperal Fever	...	...	...	...	8	14	15	15	19	21	27	14	21	10	13
Erysipelas	...	...	...	...	282	142	374	588	250	337	193	211	137	309	228
Chicken Pox	...	...	...	...	—	—	—	—	—	—	—	—	—	—	—
Enteric Fever (including Paratyphoid Fever)	...	...	...	...	1	1	1	6	—	3	1	5	—	1	*
,, , or Typhoid Fever	...	...	...	...	*	*	*	*	*	*	*	*	*	*	*
Paratyphoid Fever	...	...	...	...	64	105	111	94	119	113	121	110	124	119	121
Tuberculosis (New Cases) Pulmonary	,	,	,	,	18	22	29	21	36	13	20	20	12	16	8
Non-Pulmonary	,	,	,	,	396	996	625	172	1170	133	640	22	863	480	327
Measles	...	...	...	...	Not Notifiable	26	326	104	183	52	123	164	162	67	1493
Whooping Cough	...	...	...	...	—	—	—	—	2	—	—	—	—	—	607
Encephalitis Lethargica	...	...	...	...	*	*	*	*	*	*	*	*	*	*	585
Acute Encephalitis Infective	...	...	...	...	*	*	*	*	*	*	*	*	*	*	238
,, Post-Infective	...	...	...	...	*	*	*	*	*	*	*	*	*	*	*
Benign-Tertian Malaria	...	...	...	...	—	—	—	—	—	—	—	—	—	—	1
Food Poisoning	...	...	...	...	—	—	—	—	—	—	—	—	—	—	7
															37
															4
															Not Notifiable

\* See different classification.

† Vision unimpaired in both cases.

## Section D.

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### National Assistance Act, 1948. The Blind Persons Act, 1938.

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#### Total Blind Population 1953.

TABLE I.

AGE PERIODS									
0-1	1-4	5-15	16-20	21-39	40-49	50-64	65-69	Over 70	TOTAL
—	1	2	—	7	14	34	11	61	130

TABLE II.

#### AGES AT WHICH BLINDNESS OCCURRED.

0-1	1-4	5-10	11-20	21-30	31-39	40-49	50-59	60-69	Over 70
16	5	5	2	8	12	13	20	15	34

#### RETROLENtal FIBROPLASIA.

No new case was notified under this heading during the year. The total known cases in Gloucester remains at 1.

#### GLAUCOMA AND CATARACT.

As a result of Professor Sorsby's statistical analysis of causes of blindness, and the subsequent Ministry of Health Circular, an examination was made of the position locally.

At the hospitals it was found that the waiting lists for admission were small, and any urgent case was admitted without delay, particularly in the case of possible increase of intraocular tension.

The Out Patient waiting lists were longer, but only a matter of 2 or 3 weeks at most. But if any case was marked urgent, there was no delay at all.

No statistics can be produced to show locally what cases might have had their vision saved if treated earlier, but the impression the Home Teacher and I have is that there would be very few. It seems the greatest trouble is to get the older patient to admit to himself that his sight is really causing trouble and that he ought to see a doctor; and having seen a doctor to undergo the treatment recommended.

It is not thought there is any delay on the part of the General Practitioners at all, once the old people can be got to see them.

#### NATIONAL ASSISTANCE ACT, SECTIONS 29—31.

##### *Deaf.*

The City Council continued to make an Annual Grant to the Gloucester Diocesan Association for the Deaf, whose work for the County and City is centred at 7 St. Mary's Square, Gloucester. The Missioner is Mr. Ross.

#### SECTION 47.

In 1953 it was not necessary to invoke Section 47 for the compulsory removal of persons from their own homes who were unable to look after themselves, and send them to an institution.

#### EPILEPTICS AND SPASTICS.

As neither of these conditions is notifiable, accurate figures are not available.

It is known that we have two "spastic" children at special schools, and three epileptics at special schools or colonies.

I have made reference to the plight of some epileptics in my introduction.

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## Section E.

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### Sanitary Circumstances of the Area

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I give below a report from the Chief Sanitary Inspector :—

“ I beg to report on the work carried out by the Sanitary Inspectors during the year 1953.

The work has been largely of a routine nature carried out on well established lines. There is a growing tendency to regard the Sanitary Inspector as an advisory officer rather than a plenary one. I welcome this tendency as it leads to the prevention of poor sanitary conditions which is a much more desirable state of affairs than having to deal with unsatisfactory, and illegal conditions which have arisen through lack of proper advice and planning. This is particularly important in the food preparing trade ; the proper time to get the advice of the Health Department is when the layout is being planned, not after cases of food poisoning have arisen. The old adage “ prevention is better than cure ” applies very forcibly in most matters which engage the attention of the Sanitary Inspector.

Little progress was made in slum clearance but with the promise of new legislation it is hoped that next year a new slum clearance drive will be well under way. I remember expressing somewhat similar sentiments in past years without any tangible results following but even so I am optimistic enough to believe that next year some real progress should be made.

Calls upon the disinfection services provided by the Health Department become more varied each year and last year we were asked to deal with, or advise upon the destruction of, rats, mice, moles, rabbits, houseflies, cluster flies, moths, bedbugs, cockroaches, bees’ and wasps’ nests, “ Pharaoh’s ” Ants, silver fish, furniture beetles, dried fruit beetles and even on one occasion, lady birds.

Once again I feel I must complain of the behaviour of a small number of the public who misuse the public conveniences in the City. Fittings and pipes are wrenched off ; newly decorated walls are the canvasses and notebooks of peculiarly minded artists and poets ; a new door, mistakenly painted white, had within one month to be scraped and painted dark green ; one small convenience was turned into a miniature boating lake by, presumably, children, who by blocking the drain and breaking off a tap flooded the place. Incidentally the charge for water supplied to this one convenience was over £20 for one quarter instead of an average of about £2.

There was very little new legislation affecting Sanitary Inspectors during the year, the main official item of interest being the Government Working Party Report on the Recruitment, Training and Qualifications of Sanitary Inspectors. The increasing shortage is causing some concern but if the recommendations of this report are accepted and implemented, then perhaps there will be sufficient recruits to the profession to enable Sanitary Inspectors to continue to take their proper share in the vital work of public health.”

The following is a summary of the inspections made during the year 1953.

PUBLIC HEALTH ACT.

Dwelling Houses — on complaint	...	...	...	...	701
Moveable Dwellings	...	...	...	...	134
Offensive Trades	...	...	...	...	36
Workplaces	...	...	...	...	18
Schools	...	...	...	...	5
Smoke Observations	...	...	...	...	99
Stables and Piggeries	...	...	...	...	20
Theatres, Cinemas, Fairs, etc.	...	...	...	...	14
Public Sanitary Conveniences	...	...	...	...	461
Common Lodging Houses	...	...	...	...	19
Verminous Premises	...	...	...	...	51
Drain Tests	...	...	...	...	61
Re-Visits	...	...	...	...	2029
Work in Progress	...	...	...	...	494

HOUSING ACT.

Houses Inspected	...	...	...	...	50
Basement Dwellings	...	...	...	...	9
Houses Let in Lodgings	...	...	...	...	1
Overcrowding	...	...	...	...	23
Re-Visits	...	...	...	...	305

FOOD AND DRUGS ACT.

Bakehouses	...	...	...	...	93
Dairies	...	...	...	...	174
Ice Cream Premises	...	...	...	...	199
Restaurants, Cafes, Kitchens, etc.	...	...	...	...	200
Hotels and Beer Houses	...	...	...	...	71
Fish Shops and Fish Friers	...	...	...	...	90
Markets and Food Stalls	...	...	...	...	142
Food Preparation and Storage Premises	...	...	...	...	231
Butchers Shops	...	...	...	...	195
Food Shops	...	...	...	...	593
Food Vehicles	...	...	...	...	45
Samples — Bacteriological	...	...	...	...	67
Biological	...	...	...	...	1
Food and Drugs Samples — Formal	...	...	...	...	18
Informal	...	...	...	...	46
Water Samples	...	...	...	...	—

FACTORIES ACT.

Factories Power	...	...	...	...	57
Non-Power	...	...	...	...	3
Outworkers	...	...	...	...	5

## PORT HEALTH.

Vessels — Foreign Going	...	...	...	...	...	119
Coastwise	...	...	...	...	...	56
Canal Boats	...	...	...	...	...	8
Rodent Control	...	...	...	...	...	5
OTHER.						
Shops Act	...	...	...	...	...	14
Pet Animals Act	...	...	...	...	...	8
Rag Flock Act	...	...	...	...	...	—
Rodent Control —	Dwelling Houses	...	...	...	...	96
	Business Premises	...	...	...	...	62
	Others	...	...	...	...	36
Noise Nuisances	...	...	...	...	...	37
Infectious Disease Inquiries	...	...	...	...	...	—
Food Poisoning Inquiries	...	...	...	...	...	4
Slaughterhouses	...	...	...	...	...	1341
Miscellaneous	...	...	...	...	...	970

The following is a summary of the notices served and complied with during 1953 (together with outstanding notices complied with).

		Served	Complied with
Informal	...	412	387
Statutory, Public Health Act	...	13	8
,, Housing Act	...	—	—
Factories, Power	...	9	3
Factories, Non-Power	...	—	—
Other Premises	...	23	28
Gloucester Corporation Act	...	34	38

**HOUSING—1953**

## DEMOLITION AND CLOSING ORDERS.

Number of  
Houses      Persons  
displaced

(1) Housing Act, 1936.			
(a) Houses demolished as a result of formal or informal procedure under Section 11	3	6	
(b) Houses closed in pursuance of an undertaking given by the owners under Section 11 and still in force ... ...	1	4	
(c) Parts of buildings closed (Section 12)...	2	7	
(2) Housing Act, 1949.			
(a) Closing Orders made under Section 3 (1)	Nil	Nil	
(b) Demolition Orders determined and Closing Orders substituted under Section 3 (2) ... ... ...	Nil	Nil	

## REPAIRS.

Housing Act, 1936.

Number of houses made fit after service of formal notices (Section 9, 10 and 16).

(a) by owners ... ... ... ... ... Nil  
(b) by local authority in default of owners ... Nil

## HOUSING ACT, 1936—OVERCROWDING.

(a) Number of Corporation dwellings Inspected...	...	...	...	3
Overcrowded	...	...	...	2
(b) Number of privately-owned dwellings—Inspected...	...	...	...	12
Overcrowded	...	...	...	5

The overcrowded houses were referred to the Housing Manager.

## **VERMINOUS PREMISES**

Number of Council-owned houses disinfested ... ... ... ... ... 10  
 Number of privately-owned houses disinfested ... ... ... ... ... 30  
 All disinfestations were carried out with D.D.T. or B.H.C. compounds.

All disinfestations were carried out with D.D.T. or B.H.C. compounds.

## **OFFENSIVE TRADES**

The following Offensive Trades were carried on in the City at the end of the year:—

Dealers in rags, bones and rabbit skins	...	...	...	...	...	...	2
Dealers in hides, skins, etc.	...	...	...	...	...	...	1
Tripe Boilers	...	...	...	...	...	...	1
Tallow and Fat Melters	...	...	...	...	...	...	1
Number of Inspections made of above premises	...	...	...	...	...	...	36

## COMMON LODGING-HOUSES

## RODENT CONTROL

### TYPES OF PROPERTY.

	Local Authority	Dwelling Houses	Agr.	All Other (including business) Premises	TOTAL
Number of Properties inspected as a result of :—					
(a) Notification ... ...	10	43	2	23	78
(b) Survey or otherwise ...	—	—	—	48	48
Number of properties inspected which were found to be infested by rats ... ...	16	125	2	93	236
Number of properties inspected which were found to be seriously infested by mice ...	18	76	—	53	147

## FACTORIES ACT, 1937.

### PART I OF THE ACT.

#### 1.—INSPECTIONS for purposes of provisions as to health.

Premises	Number on Register	Number of		
		Inspections	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are enforced by the Local Authority ... ... ...	62	3	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ... ... ...	311	57	9	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	3	—	—	—
TOTAL ... ...	376	60	9	—

## 2.—CASES IN WHICH DEFECTS WERE FOUND.

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1) ...	—	—	—	—	—
Overcrowding (S.2) ...	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4) ...	—	—	—	—	—
Ineffective drainage of floors (S.6) ... ... ...	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) insufficient ...	—	—	—	—	—
(b) Unsuitable or defective	6	2	—	—	—
(c) Not separate for sexes	1	—	—	—	—
Other offences against the Act (not including offences relating to Outwork) ...	3	1	—	—	—
<b>TOTAL</b> ...	<b>10</b>	<b>3</b>	—	—	—

## OUTWORK.

### PART VIII OF THE ACT (Sections 110 and 111).

Nature of Work	Section 110			Section 111		
	No. of out-workers in August list required by Sect. 110 (1) (c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
Wearing apparel Making, etc. ...	15	—	—	—	—	—
Cleaning and washing ...	—	—	—	—	—	—
<b>TOTAL</b> ...	<b>15</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>

## Section F.

### Inspection and Supervision of Food

	<i>Type of Premises.</i>							<i>Number</i>
<b>REGISTERED OR LICENSED FOOD PREMISES.</b>								
Dairies	...	...	...	...	...	...	...	11
Distributors of Milk	...	...	...	...	...	...	...	48
<i>Tuberculin Tested Milk.</i>								
Dealers' Licences	...	...	...	...	...	...	...	40
Supplementary Licences	...	...	...	...	...	...	...	5
<i>Pasteurised Milk.</i>								
Pasteurisers' Licences	...	...	...	...	...	...	...	2
Dealers' Licences	...	...	...	...	...	...	...	44
Supplementary Licences	...	...	...	...	...	...	...	4
<i>Ice Cream.</i>								
Manufacturers — Hot Mix	...	...	...	...	...	...	...	7
Cold Mix	...	...	...	...	...	...	...	7
Vendors	...	...	...	...	...	...	...	176
<i>Preserved Meat</i>	...	...	...	...	...	...	...	33
<i>Butter Factories and Margarine</i>								
Wholesale Dealers	...	...	...	...	...	...	...	10
<b>OTHER FOOD PREMISES.</b>								
Bakehouses	...	...	...	...	...	...	...	33
Butchers' Shops	...	...	...	...	...	...	...	78
Cafes, Restaurants and Canteens								
Wet and Fried Fish Shops	...	...	...	...	...	...	...	47
General Food Shops	...	...	...	...	...	...	...	300
Public Houses	...	...	...	...	...	...	...	124
Wholesale Premises	...	...	...	...	...	...	...	7
Food Factories	...	...	...	...	...	...	...	11

THE MILK (SPECIAL DESIGNATION) (RAW MILK) REGULATIONS, 1949 and THE MILK (SPECIAL DESIGNATION) (PASTEURISED AND STERILISED MILK) REGULATIONS, 1949.

The results of samples of milk taken under the above regulations were as follows :—

DESIGNATION	Methylene Blue Test		Phosphatase Test		Biological Examinations (for Tuberculosis)	
	Satisfactory	Un-satisfactory	Satisfactory	Un-satisfactory	Positive	Negative
Tuberculin Tested ...	1	—	—	—	—	1
Tuberculin Tested (Pasteurised) ...	—	—	—	—	—	—
Pasteurised ...	43*	1	50	—	—	—
Non-designated ...	—	—	—	—	—	—
<b>TOTAL</b> ...	<b>43</b>	<b>1</b>	<b>50</b>	<b>—</b>	<b>—</b>	<b>1</b>

\*In 6 cases Laboratory temperatures exceeded 65°.

THE ICE CREAM (HEAT TREATMENT ETC.) REGULATIONS.

No. of samples of Ice-cream submitted for bacteriological examination	...   ...   ...   ...   ...   ...   ...	13
Results of Samples :—		
Grade 1	...   9	Grade 3   ...   1
Grade 2	...   3	Grade 4   ...   —

CARCASES INSPECTED AND CONDEMNED DURING THE YEAR 1953.

	Cattle excluding Cows.	Cows.	Calves.	Sheep and Lambs.	Pigs.
Number killed and inspected   ...   ...	2984	817	2539	12205	896
<i>All Diseases except Tuberculosis.</i>					
Whole Carcasses condemned   ...   ...	4	23	62	53	21
Carcases of which some part or organ was condemned   ...   ...   ...	1235	440	11	749	131
Percentage of the number inspected affected with disease other than Tuberculosis   ...   ...   ...	41·5	56·6	2·8	6·5	16·9
<i>Tuberculosis only.</i>					
Whole carcases condemned   ...   ...	5	8	—	—	—
Carcases of which some part or organ was condemned   ...   ...   ...	180	118	—	3	46
Percentage of the number inspected affected with Tuberculosis   ...	6·2	15·4	—	—	5·1

TOTAL WEIGHT OF UNSOUND FOOD DEALT WITH

	Tons.	Cwts.	Qrs.	Lb.
Meat and Offals   ...   ...   ...	35	10	3	16
Other Foods   ...   ...   ...	5	18	3	14
	41	9	3	2

## DISPOSAL OF UNSOUND FOOD

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All unsound meat was disposed of within the City, being converted into fertiliser, etc., by a process of steam sterilisation. All other unsound foods were disposed of by burial on the Corporation's controlled refuse tip.

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## SLAUGHTER-HOUSES

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No. of Licensed Slaughterhouses in the City—	...	5
No. of visits to Slaughterhouses for inspection of Carcases	...      ...      ...      ...      ...      ...	1341

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## FOOD AND DRUGS ACT, 1938.

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The number of samples taken for analysis during the year was as follows :—

Year	Number taken	Genuine		Adulterated	
		Formal	Informal	Formal	Informal
1953	70	15	47	5	3

## Adulterated Samples

---

### FORMAL

SAMPLE No.	SAMPLE	ANALYST'S REPORT
1037	Dairy Fed Sausages	Contained preservatives No notice displayed.
1051	Ice Cream	Deficient in milk solids
1060	Milk	Adulterated extraneous water (29%)
1061	Milk	Adulterated extraneous water (5%)
1062	Milk	Adulterated extraneous water (25%)

## INFORMAL

SAMPLE No.	SAMPLE	ANALYST'S REPORT
1031a ...	Plum and Raspberry Jam ...	Slightly deficient in the insoluble solids of Raspberry fruit.
1040a ...	Milk ... ...	Slightly deficient in fat
1048a ...	Ice Cream ... ...	Deficient in milk solids

---

## FOOD POISONING

Total number of outbreaks	...	...	...	4
Number of cases	...	...	...	8
Number of deaths	...	...	...	Nil
Organisms responsible	...	...	...	None identified
Foods involved	...	...	...	None identified

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## PROSECUTIONS

### PUBLIC HEALTH (MEAT REGULATIONS) 1924

Dirty condition of meat delivery van ... ... Fined £4

### FOOD AND DRUGS ACT, 1938

Sausage containing pieces of metal	...	...	Fined £10 and £5 5 0 costs
Milk containing added water	...	...	Fined £20 and £5 5 0 costs

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## Section G.

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### Port Health

This year the Port of Gloucester became a "designated approved port" for the issue of Deratting Certificates and Deratting Exemption Certificates. Prior to this approval being granted by the Ministry of Health the two Port Health Inspectors (Mr. Williams and Mr. David) attended a course of instruction at Liverpool in practical fumigation administration and office routine in connection with the issue of these International Certificates.

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#### SECTION I — STAFF.

No change.

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#### SECTION II—AMOUNT OF SHIPPING ENTERING THE DISTRICT DURING THE YEAR.

TABLE B.

Ships from	Number	Tonnage	Number inspected		Number of ships reported as having or having had during the voyage infectious disease on board
			By the Medical Officer of Health	By the Sanitary Inspector	
Foreign Ports	119	76,058	8	111	—
Coastwise ...	3,534	324,088	—	56	—
TOTAL ...	3,653	400,166	8	167	—

---

#### SECTION III—CHARACTER OF SHIPPING AND TRADE DURING THE YEAR.

TABLE C.

Passenger Traffic	... Number of passengers inward	— 13
	... Number of passengers outwards	— 10
Cargo Traffic	Principal Imports—Petrol, timber, grain, groundnuts. Principal Exports—Nil.	
Principal Ports from which ships arrive	— Canada, Germany, Baltic Countries, and West Africa.	

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#### SECTION IV—INLAND BARGE TRAFFIC.

The main traffic is with petrol, timber and grain to Worcester and Stourport.

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#### SECTION V—WATER SUPPLY.

No change

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#### SECTION VI—PUBLIC HEALTH (SHIPS) REGULATIONS, 1952.

No change.

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#### SECTION VII—SMALLPOX.

Cases of smallpox would be taken to the Bristol Smallpox Hospital.

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#### SECTION VIII—VENEREAL DISEASES.

No change.

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#### SECTION IX—CASES OF NOTIFIABLE AND OTHER INFECTIOUS DISEASES ON SHIPS.

Nil.

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#### SECTION X—OBSERVATIONS ON THE OCCURRENCE OF MALARIA ON SHIPS.

Nil.

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#### SECTION XI—MEASURES TAKEN AGAINST SHIPS WITH OR SUSPECTED OF PLAGUE.

Nil.

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## SECTION XII—MEASURES AGAINST RODENTS IN SHIPS FROM FOREIGN PORTS.

Ships and warehouses in Gloucester Docks and ships in Sharpness Docks are kept under the supervision of the City Pests Officer.

Bacteriological and pathological examination of rodents is carried out at the Gloucestershire Royal Hospital (Royal Infirmary).

*Rodents destroyed in the year from foreign ports.*

TABLE E.

Category					Number
Black rats ...	...	...	...	...	7
Brown rats	...	...	...	...	3
Species not known	...	...	...	...	—
Sent for examination	...	...	...	...	3
Infected with plague	...	...	...	...	—

Deratting Certificates and Deratting Exemption Certificates issued during the year for ships from foreign ports.

TABLE F.

		No. of Deratting Certificates issued			Number of Deratting Exemption Certificates issued	Total Certificates issued
After Fumigation with		After trapping	After poisoning	Total		
HCN	Other Fumigant (state method)	3	4	5	6	7
1	2					
Nil	Nil	Nil	Nil	Nil	3	3

## SECTION XIII—INSPECTION OF SHIPS FOR NUISANCES. TABLE G.

*Inspections and Notices.*

Nature and number of inspections	Notices served		Result of serving Notice
	Statutory	Others	
British ... ... ... ...	62	—	—
Foreign ... ... ... ...	113	—	—
<b>TOTAL</b> ... ... ... ...	<b>175</b>	—	—

## Food Inspection

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No. of Samples of Food examined :—1. (Apples).

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## Public Health Act, 1936, Part X—Canal Boats

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1.	(a) Number of Canal Boats inspected	...	...	3
	(b) Number of inspections made	...	...	8
2.	Number of occupants using Canal Boats :—		<i>Male</i>	<i>Female</i>
	Adults	...	...	4      2
	Children under five	...	...	1      1
	Children over five	...	...	1      —
3.	Number of infringements of the Public Health Act and Canal Boats Regulations	...	...	—
4.	Number of legal proceedings taken during the year	...	—	—
5.	Number of Notices served during the year	...	...	—
6.	Number of cases of infectious disease during the year			—
7.	Number of new registrations during the year	...	—	—
8.	Number of Canal Boats on register at end of year	...	12	

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## Section H.

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### MEDICAL EXAMINATIONS OF CORPORATION EMPLOYEES

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Entrants for Training Colleges	...	...	...	...	11
Fire Brigade	...	...	...	...	19
Education Department	...	...	...	...	23
Welfare Department	...	...	...	...	7
Health Department	...	...	...	...	1
City Surveyor's Department	...	...	...	...	13
City Architect's Department	...	...	...	...	38
City Treasurer's Department	...	...	...	...	4
Town Clerk's Department	...	...	...	...	4
Housing Department	...	...	...	...	7
Children's Department	...	...	...	...	8
Public Library	...	...	...	...	3
City Museums	...	...	...	...	1
Other Authorities	...	...	...	...	4
Weights and Measures Department	...	...	...	...	1
<b>TOTAL EXAMINATIONS</b>	...	...	...	<b>144</b>	

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## Section I.

### School Medical Services

**EDUCATION COMMITTEE  
1952-53**

*Chairman :*

ALDERMAN MRS. M. L. EDWARDS

*Vice-Chairman :*  
COUNCILLOR A. H. GEORGE

*Members :*

THE MAYOR (*ex officio*)  
Councillor W. J. SMITH  
*(Ex-Mayor)*  
Alderman HANNAM-CLARK  
„ S. A. STODDART  
Councillor J. H. EDGE  
„ E. J. LANGDON  
„ R. E. H. MOULDER  
„ MRS. L. R. LANGDON  
„ G. H. WILLIAMS  
„ M. C. BYE  
„ MRS. M. ASKEW  
„ J. F. CURTIS  
„ A. V. STIRLAND  
„ W. MAY  
REV. D. DAVEN-THOMAS  
REV. A. T. QUARTERMAN  
REV. CANON M. J. ROCHE  
MR. P. W. ROBINSON, B.Sc.  
MR. R. HARRISON  
MR. A. E. HANCOX  
MRS. M. TAYLOR

**EDUCATION COMMITTEE  
1953-54**

*Chairman :*

ALDERMAN MRS. M. L. EDWARDS

*Vice-Chairman :*  
COUNCILLOR A. H. GEORGE

*Members :*

THE MAYOR (*ex-officio*)  
Alderman G. A. H. MATTHEWS  
*(Ex-Mayor)*  
Councillor W. J. SMITH  
*(Deputy Mayor)*  
Alderman HANNAM-CLARK  
„ S. A. STODDART  
Councillor E. J. LANGDON  
„ R. E. H. MOULDER  
„ MRS. L. R. LANGDON  
„ M. C. BYE  
„ W. V. GREEN  
„ MRS. M. ASKEW  
„ J. F. CURTIS  
„ A. V. STIRLAND  
„ P. G. J. ATKINSON  
REV. D. DAVEN-THOMAS  
REV. A. T. QUARTERMAN  
REV. CANON M. J. ROCHE  
MR. P. W. ROBINSON, B.Sc.  
MR. R. HARRISON  
MR. A. E. HANCOX  
MRS. M. TAYLOR

LADIES AND GENTLEMEN,

The School Medical Service has continued to develop to meet the new needs of the day and the larger school population.

One new school was opened during the year, St. Peter's (Junior), a grant aided school.

The Education Committee agreed to the extension of Dr. Colquhoun's services for another year, as any extension beyond the retiring age must be considered annually. I am particularly grateful to Dr. Colquhoun for staying on, and to the Committee for permitting it. Dr. Colquhoun's knowledge of and personal interest in the school children of Gloucester is profound. Apart from the work which an employing authority is entitled to expect from an officer, she has given up much of her leisure time for the work, and for other causes in the City associated particularly with the handicapped. Dr. Colquhoun always works quietly, and few know of all the great amount of good that she does.

Mr. Machin is due to retire in 1954. To contemplate losing two such valued colleagues is saddening. I shall be writing of him in my next report. Suffice to say now, about Mr. Machin, that it is very rare to find dental surgeons who wish to specialise in the care of children's teeth and who are so genuinely fond of children and so good with them.

This is emphasised by the most unhappy position we have been in for some years now owing to shortage of Assistant Dentists. As I remark later in this report, it is most discouraging to attempt to build up an adequate service here because of the extreme difficulty in getting proper staff.

In the carrying out of school medical work we are greatly indebted to a number of people for their interest and help, apart from my colleagues in this and the Education Department. In this connection I would add that it is not always found that these two departments work so amicably as in Gloucester. No difficulties arose with Mr. Harland, who retired from the position of Education Officer here this year nor with any member of his staff, and we all here were extremely sorry he felt it necessary to go. However, we would immediately like to add that if he had to go, we welcome as his successor Mr. Turner whom we have had the pleasure of knowing already. Work is done so much better and easier with helpful colleagues.

I wish to thank all the school teachers, especially the Head Teachers. It obviously is a most upsetting thing to have a school inspection going on in your school. The interruptions to class work are irritating and continuous whilst an inspection is in progress. Yet we meet with unfailing courtesy and are offered adequate facilities even in those schools most cramped for room.

I have tried in my mind to formulate some scheme under which children could attend at the school clinic during holiday times, for routine inspection, but have failed. So many children would be unavailable at any one time that the scheme would break down. If it were possible to devise some scheme such as obtains at Training Colleges, where inspections are done before term starts, it would be a help to teaching staff. After all, school inspections are far from being the only interruptions in school work, but they are probably the longest. I think the teachers are very forebearing.

I also wish to thank the Consultant Staff of our local hospitals, and the administrative staff too. We receive information of all children of school age (and below) who are examined at the hospitals, and this information is filed with the school cards, after the Health Visitor has seen and acted on it. The Paediatrician, by force of circumstances, has the greatest volume of work to do in this respect.

Four years ago the Paediatrician allowed us to have a Health Visitor at her Children's Out-Patient clinics at the hospital. As our Health Visitors are also our School Nurses, they have the opportunity (in turn) of seeing the children examined and offering advice as required on the home circumstances. This is mutually advantageous, and as the appointments for each clinic are known in advance, the particular Health Visitor on duty can consult with her colleagues beforehand and obtain knowledge of the home circumstances of all.

Finally I would like to thank the Chairman and Members of the Education Committee for their continued support. And again I would like to thank Dr. Colquhoun and Mr. Machin, together with Miss Dickerson and Miss Chambers, for making relations in routine work so agreeable.

I am, Ladies and Gentlemen,  
Your obedient Servant,  
CHARLES COOKSON.

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#### MEDICAL INSPECTIONS.

The routine and special school medical examinations have been continued on the same basis as in previous years, as follows :—

1. Routine at Primary and Secondary Schools.
  - (a) Medical examinations of children in the first year of their school life and at age 9, at Primary Schools.
  - (b) Inspections every year at Secondary Schools, involving examination and "check-up" alternate years for each pupil.
  
2. Routine at Special Schools.
  - (a) Medical inspections held weekly at Open Air School, so that each pupil is re-examined once every month, or more often where necessary.
  - (b) At Archdeacon Street Special School for backward children, routine medical examinations are made every year. Inspections every term.
  
3. Special inspections or re-inspections — 1,825.
  
4. Examinations for—
  - (a) Fitness for employment — 118.
  - (b) Ascertainment and educational sub-normality — 27.
  
5. Examination of candidates for—
  - (a) Teachers' Training Colleges — 11.
  - (b) Posts in Education Department — 23.

## STATISTICS.

Total Population	...	...	...	...	...	...	66,400
Distribution of School population :—							
A. Primary Schools	...	...	...	32	7699	No.	No. on Rolls.
B. Secondary Schools	...	...	...	11	3978		
C. Special Schools	...	...	...	2	159		

Comment might be made here on certain items occurring in the tables placed at the end of this report.

## INFESTATION WITH VERMIN.

When it is recalled that a higher standard of cleanliness is now set, and even a few nits found in hair is classed as an infestation, then the following figures show an improvement on those before the war. The figures also show what a deterioration in cleanliness there was, and how it has only started improving since 1950. There is very great room for improvement, however. It might also be added how keen school Teachers are to help attain higher standards of cleanliness.

The figures are as follows :—

Year	Total No. of pupils examined	Total No. of pupils infested	Percentage
1937	21,185	1,374	6·5
1938	19,322	897	4·7
1939	19,450	648	3·3
1940	16,657	1,813	10·9
1941	13,633	1,555	11·4
1942	19,551	2,085	10·7
1943	18,632	2,302	12·4
1944	17,729	2,296	13
1945	15,168	2,603	17·1
1946	20,073	2,477	12·3
1947	20,638	2,746	13·3
1948	23,282	2,810	12·1
1949	26,497	2,822	10·7
1950	19,215	18,19	9·5
1951	16,817	1,011	6
1952	24,537	1,262	5·1
1953	25,076	964	3·8

## MASS RADIOGRAPHY.

Through the help of the South Western Regional Hospital Board and its local director, Dr. Hayward, all children in the year before leaving school are now offered Mass Radiography. Not all accept, but it is hoped we will eventually be able to offer it to all school children annually from the age of 12 onwards and that they will have learned the wisdom of accepting.

### MANTOUX TESTING AND B.C.G. VACCINATION.

So far testing and vaccination occurs only in "contact" cases. The work is carried out by the Chest Physicians, in the school clinic, with our Health Visitor/School Nurse Staff.

Incidentally, children from the whole locality are also dealt with, as it would seem against public policy to insist that only 'City' children should be seen at our clinics.

The Chest Physicians and their staff cover a wide area in their work, and their boundary problems are much less than are local authority ones.

### IMMUNISATION.

Immunisation against Diphtheria is carried out regularly by Dr. Colquhoun. In addition the work is done on pre-school children at the Infant Welfare Centres and at a special clinic held on Fridays by Dr. Gaffney.

If the parents wish children to be immunised also against Whooping Cough, they are referred to the special clinic on Fridays.

### HANDICAPPED CHILDREN.

#### 1. *Educationally Sub-Normal.*

There is a large number of children dealt with in special "progress" classes in primary and secondary schools. In addition there is a special school at Archdeacon Street with 60 pupils.

Finally there are 15 children at special residential schools outside the City, e.g. Monyhull Colony, etc.

#### 2. *Maladjusted Children.*

There were 38 cases referred to the Child Guidance Clinic in 1953. The scheme in this City encourages the reference by anyone associated with children, particularly Heads of schools. Their references go to the Deputy School Medical Officer, who makes a preliminary enquiry, obtains the reports of Health Visitors (or visits herself) and forwards the findings, together with the Head Teachers' observations, to the Clinic. Unfortunately there is at present a six months' wait.

A few other cases are referred direct from such sources as the Children's Officer (usually at the request of a Magistrate's Court). Their number is not known. Priority is given to these cases, it is understood. This is natural enough. But it is such causes as this, together with a reference of cases where accurate assessment only of mental capacity is required, which help to clog the work of the clinic as a whole. We are guilty of some of the latter references. The question might be considered of a whole-time local education authority Psychologist. Some cases that now have to occupy the clinic might be coped with by such an appointed person. In any case, the Head Teachers as well as the Medical Staff could use her services on many children who cannot properly be sent to the clinic.

#### 3. *Speech Therapist.*

During the year 58 cases were under treatment.

In addition the Speech Therapist visited Archdeacon Street School at monthly intervals. There is a number of scholars there who benefit by her teaching, and the school staff help by following up the advice she gives to individuals.

4. *Deaf and Blind.*

There are 15 children at special schools for the deaf or partially deaf, 2 at schools for the partially blind and 1 at a school for the blind.

There are no children under this heading waiting for admission.

5. *Delicate Children.*

As far as possible all are admitted to the Open Air School, a special school. The number of places is 100 and they are always filled.

There were 20 new admissions during the year.

6. *Epileptics.*

Excluding those epileptics who are educationally sub-normal, there is 1 child in a special school for epileptics.

There are a few children in ordinary schools who have epilepsy, but to such a mild degree that no harm to the education of themselves or others is involved.

7. *Diabetics.*

There are no children ascertained who are so severely affected that residential special education is needed.

#### DENTAL SURGERY.

The Principal Dental Officer reports as follows :—

“ The year 1953 was marked by the coming of a full-time assistant. Miss H. Campbell, L.D.S., R.C.S., commenced duties in that capacity on April 13th.

The view was taken that all Infant and Junior children could now be properly cared for. As that project entails inspection and treatment of more than 6,000 children, it would have been unwise to include senior children in the scheme.

It is thought that three whole-time Officers might cope with Gloucester's entire school population, but only after some years of preparation and building up from the younger age groups. It could be observed from statistics that we managed to complete an increased number of fillings for the little ones, thus fulfilling our part in the above-mentioned “ preparation ” for some future improvements.”

Since writing his report I must add that Miss Campbell has left to get married. The Dental staff at present is therefore back where it was 12 months ago. This is very discouraging for developing a complete school dental service.

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## MEDICAL INSPECTION AND TREATMENT

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### Medical inspection of Pupils attending Maintained Primary and Secondary Schools.

**TABLE I.**

**A.—PERIODIC MEDICAL INSPECTIONS.**

NUMBER OF INSPECTIONS IN THE PRESCRIBED GROUPS :—

Entrants ... ... ... ... ... ...	1360
Second Age Group ... ... ... ...	1123
Third Age Group... ... ... ...	2169
TOTAL ... ... ... ...	4652
No. of OTHER PERIODIC INSPECTIONS ... ...	—
GRAND TOTAL ... ... ...	4652

**B.—OTHER INSPECTIONS**

No. of Special Inspections ... ... ...	215
No. of Re-Inspections ... ... ...	1610
TOTAL ... ... ...	1825

**C.—PUPILS FOUND TO REQUIRE TREATMENT :—**

GROUP 1	For defective vision (excluding squint) 2	For any of the other conditions recorded in Table II A. 3	Total individual pupils 4
Entrants ... ...	11	294	305
Second Age group ...	97	291	388
Third Age group ...	111	284	395
Total (prescribed groups)	219	869	1088
Other Periodic Inspections ...	—	—	—
 <b>GRAND TOTAL</b> ...	<b>219</b>	<b>869</b>	<b>1088</b>

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED  
31ST DECEMBER, 1953.

Defect Code No.	DEFECT OR DISEASE	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
		No. of Defects		No. of Defects	
		Requiring treatment	Requiring to be kept under observation but not requiring treatment	Requiring treatment	Requiring to be kept under observation but not requiring treatment
4	Skin ... ... ... ...	10	20	3	2
5	Eyes—(a) Vision ... ...	210	300	9	39
	(b) Squint ... ...	15	20	—	7
	(c) Other ... ...	18	20	—	—
6	Ear—(a) Hearing ... ...	24	29	—	—
	(b) Otitis Media ...	6	9	—	—
	(c) Other ... ...	12	10	4	5
7	Nose or Throat ... ...	202	500	47	11
8	Speech ... ... ...	20	31	5	3
9	Cervical glands ... ...	8	200	—	7
10	Heart and Circulation ...	10	8	—	3
11	Lungs ... ... ...	23	29	—	11
12	Developmental— (a) Hernia ... ...	10	20	1	—
	(b) Other ... ...	—	14	—	—
13	Orthopædic — (a) Posture ... ...	20	34	8	—
	(b) Flat feet ...	70	75	7	—
	(c) Other ... ...	19	12	—	—
14	Nervous system— (a) Epilepsy ... ...	2	1	—	4
	(b) Other ... ...	—	—	—	—
15	Psychological— (a) Development ...	—	—	—	—
	(b) Stability ...	10	30	4	2
16	Other ... ... ...	150	200	8	54

B.—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS.

Age Groups	Number of Pupils Inspected	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of Col. 2.	No.	% of Col. 2.	No.	% of Col. 2.
1	2	3	4	5	6	7	8
Entrants ... ...	1360	124	9·1	1146	84·2	90	6·7
Second age group ...	1123	178	15·8	838	74·6	107	9·5
Third age group ...	2169	594	27·4	1452	67·0	123	5·6
Other periodic Inspections ...	—	—	—	—	—	—	—
Totals ... ...	4652	896	—	3436	—	320	—

**TABLE III****INFESTATION WITH VERMIN**

(i) Total number of examinations in the schools by the school nurse or other authorised persons	...	...	...	...	...	...	...	...	...	...	...	...	25076
(ii) Total number of individual pupils examined	...	...	...	...	...	...	...	...	...	...	...	...	
(iii) Total number of individual pupils found to be infested	...	...	...	...	...	...	...	...	...	...	...	...	964
(iv) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944)	...	...	...	...	...	...	...	...	...	...	...	...	—
(v) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944)	...	...	...	...	...	...	...	...	...	...	...	...	—

**TABLE IV****GROUP I.—DISEASES OF THE SKIN**  
(excluding uncleanliness, for which see Table 3).

	Number of cases treated or under treatment during the year		
	by the Authority	otherwise	
Ringworm— (i) Scalp	...	...	...
(ii) Body	...	...	—
Scabies	...	...	13
Impetigo	...	...	36
Other skin diseases	...	...	16
Total	...	65	17

**GROUP II.—EYE DISEASES, DEFECTIVE VISION AND SQUINT**

	Number of cases dealt with		
	by the Authority	otherwise	
External and other, excluding errors of refraction and squint	...	36	12
Errors of Refraction (including squint)	103*	146	
Total	...	139	158
Number of pupils for whom spectacles were			
(a) Prescribed	...	—*	137
(b) Obtained...	...	—*	137

\* Including cases dealt with under arrangements with the Supplementary Ophthalmic Services.

**TABLE IV (continued)****GROUP III.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT**

	Number of cases treated	
	by the Authority	otherwise
Received operative treatment		
(a) for disease of the ear ...	—	50
(b) for adenoids and chronic tonsilitis	—	135
(c) for other nose and throat conditions ... ... ...	—	14
Received other forms of treatment ...	45	—
Total ...	45	199

**GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS**

(a)	Number of cases treated	
	by the Authority	otherwise
(a) Number treated as in-patients in hospitals ... ... ...		8
(b)	Number of cases treated	
	by the Authority	otherwise
(b) Number treated otherwise, e.g. in clinics or out-patient departments ... ...	20	63

**GROUP V.—CHILD GUIDANCE TREATMENT**

	Number of cases treated	
	in the Authority's Child Guidance Clinics	Elsewhere
Number of pupils treated at child Guidance clinics ... ... ... ...	—	38

**GROUP VI.—SPEECH THERAPY**

	Number of cases treated	
	by the Authority	otherwise
Number of pupils treated by Speech Therapists ... ... ... ...	—	56

TABLE IV (continued)

## GROUP VII.—OTHER TREATMENT GIVEN

			Number of cases treated	
			By the Authority	Otherwise
(a)	Miscellaneous minor ailments		1470	31
(b)	Other			
1.	Appendix	...	...	52
2.	Accidents	...	—	34
3.	Pneumonia	...	—	2
4.	Hernia	...	—	18
5.	Circumcision	...	—	6
	Total	...	1470	143

TABLE V

## DENTAL INSPECTIONS AND TREATMENT CARRIED OUT BY THE AUTHORITY

(1)	Number of pupils inspected by the Authority's Dental Officers :—					
	(a) Periodic age groups	...	...	...	...	5912
	(b) Specials	...	...	...	...	2072
	TOTAL (1)					
(2)	Number found to require treatment					
(3)	Number referred for treatment					
(4)	Number actually treated					
(5)	Attendances made by pupils for treatment					
(6)	Half-days devoted to		(a) Inspection	...	...	43
			(b) Treatment	...	...	800
	TOTAL (6)					

**TABLE V (continued)**


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(7) Fillings :—						
Permanent teeth	...	...	...	...	...	1504
Temporary teeth	...	...	...	...	...	322
					TOTAL (7) ...	1826
(8) Number of teeth filled—						
Permanent teeth	...	...	...	...	...	1102
Temporary teeth	...	...	...	...	...	322
					TOTAL (8) ...	1424
(9) Extractions :—						
Permanent teeth	...	...	...	...	...	3595
Temporary teeth	...	...	...	...	...	1066
					TOTAL (9) ...	4661
(10) Administration of general anaesthetics for extraction...						1353
(11) Other operations :—						
Permanent teeth	...	...	...	...	...	245
Temporary teeth	...	...	...	...	...	—
Orthodontic cases	...	...	...	...	...	11
					TOTAL (11) ...	256

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Printed by  
JOHN JENNINGS (Gloucester) LTD.  
Brunswick Road :: Gloucester

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